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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000066110**

1. Corporation Name
RELIABLE CLEANING CONCEPTS INC.

Principal Place of Business
2216 IPSDEN DRIVE
ORLANDO FL 32837

Mailing Address
2216 IPSDEN DRIVE
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1998

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 59-3524967 — Applied For / Not Applicable

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State (23) — City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip (24) Country (25) — Zip (29) Country (30)

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GOMEZ, FAUSTO
2216 IPSDEN DRIVE
ORLANDO FL 32837

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OWNER ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARCELA GOMEZ	1.2 NAME	
STREET ADDRESS	2216 IPSDEN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL. 32837	1.4 CITY-ST-ZIP	
TITLE	OWNER ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FAUSTO GOMEZ	2.2 NAME	
STREET ADDRESS	2216 IPSDEN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL. 32837	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 01-12-99 — (407) 856-3903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #